

1992 RESOLUTIONS

An AAOS Resolution is an official statement of policy, adopted by majority vote of the AAOS Fellowship casting ballots and binding on AAOS and its Board of Directors. An AAOS Resolution is not a product of a systematic review, but rather Open Hearings and the opinions of AAOS Fellows.

Newly Adopted Resolutions

Public Relation Efforts by American Academy of Orthopaedic Surgeons Academy – R1992A

Adopted 1992

- A. **Resolved**, that in such vital areas as health policy initiatives, public relations, and the education of the public, the American Academy of Orthopaedic Surgeons continue to place the highest possible priority on activities to represent the orthopaedic surgeon as the most qualified professional to care for diseases of the musculoskeletal system, including the neck, back, and foot; and be it further (R1992A1)
- B. **Resolved**, that the American Academy of Orthopaedic Surgeons, as part of its ongoing reassessment and retargeting of priorities, appropriately expand the operating budget and staffing of the Academy's Health Policy and Public Education Committees to carry out these priorities. (R1992A2)

Reduced Medicare Fees for Orthopaedic Surgery Academy – R1992B

Adopted 1992

- A. **Resolved**, that the American Academy of Orthopaedic Surgeons reaffirm its actions of 1991 regarding litigation over the Medicare program and physician payment issues; and be it further (R1992B1)
- B. **Resolved**, that the American Academy of Orthopaedic Surgeons support further negotiations to change the inequities in the Medicare fee schedule; and be it further (R1992B2)
- C. **Resolved**, that the American Academy of Orthopaedic Surgeons advise private insurance carriers, workers' compensation boards and state Medicaid agencies not to adopt the flawed RBRVS system; and be it further (R1992B3)
- D. **Resolved**, that the American Academy of Orthopaedic Surgeons continue to express its concerns and investigate: the legality of limitations on balanced billing; financial penalties for surgeons newly in practice; reduced reimbursement for multiple procedures; inappropriate Evaluation and Management (E & M) codes; and other potential vulnerabilities in the physician payment system; and be it further (R1992B4)
- E. **Resolved**, that the American Academy of Orthopaedic Surgeons investigate coalition building with other national medical associations and public interest groups to address these serious issues. (R1992B5)

Routine HIV Testing of Hospitalized Patients Academy – R1992C

Adopted 1992

- A. **Resolved**, that the American Academy of Orthopaedic Surgeons adopt a policy that HIV testing of hospitalized patients be performed in the same unrestricted manner as any other laboratory test, at the order of the attending physician without specific consent; and be it further (R1992C1)

- B. **Resolved**, that the American Academy of Orthopaedic Surgeons advocate state and federal legislation consistent with this policy. (R1992C2)

HIV – Infected Health Care Workers

Academy – R1992D

Adopted 1992

- A. **Resolved**, that the American Academy of Orthopaedic Surgeons reiterate its position, as stated in March 1991 Advisory Statement on HIV-Infected Orthopaedic Surgeons, that HIV-infected orthopaedic surgeons should not perform invasive surgical procedures except when the patient is informed of the orthopaedic surgeon's HIV status prior to the invasive procedure and consents; and be it further (R1992D1)
- B. **Resolved**, that the American Academy of Orthopaedic Surgeons continue to support its position that a HIV-infected orthopaedic surgeon should have his or her practice privileges determined by a local expert review panel, as recommended by CDC guidelines; and be it further (R1992D2)
- C. **Resolved**, that the March 1991 Advisory Statement on HIV-Infected Orthopaedic Surgeons be reviewed and revised as appropriate. (R1992D3)